

**DECLARATION  
Utility Application**

As a below named inventor, I hereby declare that:

My residence, post office address and citizenship are as stated below next to my name.

I believe I am the original, first and sole inventor (if only one name is listed below) or an original, first and joint inventor (if plural names are listed below) of the subject matter which is claimed and for which a patent is sought on the invention entitled **APPARATUS AND METHODS FOR ASSISTING ABLATION OF TISSUE USING MAGNETIC BEADS** the specification of which

(Check One) ☒ is attached hereto OR  
☐ was filed on \_\_\_\_\_ as United States Application Serial No. \_\_\_\_\_ or PCT International Application No. \_\_\_\_\_ and was amended on \_\_\_\_\_ (if applicable).

I hereby state that I have reviewed and understand the contents of the above-identified specification, including the claims, as amended by any amendment(s) referred to above.

I acknowledge the duty to disclose information which is material to the patentability of this application in accordance with Title 37, Code of Federal Regulations, § 1.56.

I hereby claim foreign priority benefits under Title 35, United States Code, § 119(a)-(d) or § 365(b) of any foreign application(s) for patent or inventor's certificate, or § 365(a) of any PCT international application which designated at least one country other than the United States of America, listed below and have also identified below, by checking the box, any foreign application for patent or inventor's certificate, or of any PCT international application having a filing date before that of the application on which priority is claimed.

Prior Foreign Application Number(s)	Country	Date of Filing	Priority Claimed	
			Yes	No

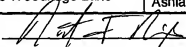
I hereby claim the benefit under Title 35, United States Code §119(e) of any United States provisional application(s) listed below.

Application Number(s)	Filing Date

I hereby claim the benefit under Title 35, United States Code, § 120 of any United States application(s), or § 365(c) of any PCT international application designating the United States of America, listed below and, insofar as the subject matter of each of the claims of this application is not disclosed in the prior United States or PCT international application in the manner provided by the first paragraph of Title 35, United States Code, § 112, I acknowledge the duty to disclose information which is material to patentability as defined in Title 37, Code of Federal Regulations § 1.56 which became available between the filing date of the prior application and the national or PCT international filing date of this application.

U.S. Parent Application Number	PCT Parent Number	Parent Filing Date	Status-Patented, Pending or Abandoned

I further declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements are made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under Title 18, United States Code, § 1001 and that such willful false statements may jeopardize the validity of the application or any patent issuing thereon.

201	FULL NAME OF INVENTOR	FIRST Name Robert	MIDDLE Initial F.	LAST Name Rioux	
	RESIDENCE & CITIZENSHIP	City Ashland	State or Foreign Country MA		Country of Citizenship
	POST OFFICE ADDRESS	20 Woodridge Lane		City Ashland	State or Country MA      Zip Code 01721
INVENTOR'S SIGNATURE					DATE 28 AUG 03

202	FULL NAME OF INVENTOR	FIRST Name Robert	MIDDLE Initial	LAST Name Garabedian	
	RESIDENCE & CITIZENSHIP	City Tyngsboro	State or Foreign Country MA		Country of Citizenship
	POST OFFICE ADDRESS	14 Highland Street		City Tyngsboro	State or Country MA      Zip Code 01879
INVENTOR'S SIGNATURE			_____		DATE _____

I further declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements are made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under Title 18, United States Code, § 1001 and that such willful false statements may jeopardize the validity of the application or any patent issuing thereon.

201	FULL NAME OF INVENTOR	FIRST Name Robert	MIDDLE Initial F.	LAST Name Rioux	
	RESIDENCE & CITIZENSHIP	City Ashland	State or Foreign Country MA		Country of Citizenship
	POST OFFICE ADDRESS	20 Woodridge Lane	City Ashland	State or Country MA	Zip Code 01721
INVENTOR'S SIGNATURE _____				DATE _____	

202	FULL NAME OF INVENTOR	FIRST Name Robert	MIDDLE Initial	LAST Name Garabedian	
	RESIDENCE & CITIZENSHIP	City Mountain View	State or Foreign Country CA		Country of Citizenship
	POST OFFICE ADDRESS	1691 Notre Dame Dr	City Mountain View	State or Country CA	Zip Code 94040
INVENTOR'S SIGNATURE <u>Robert Garabedian</u>				DATE <u>8/29/03</u>	

**IN THE UNITED STATES PATENT AND TRADEMARK OFFICE**

In re the Application of:

**Robert F. Rioux, et al**

**Serial No.:** Not-Yet-Assigned

**Filed:** Herewith

**For:** APPARATUS AND METHODS FOR  
ASSISTING ABLATION OF TISSUE  
USING MAGNETIC BEADS

**Group Art Unit:** Not-Yet-Assigned

**Examiner:** Not-Yet-Assigned

**PROSECUTION BY ASSIGNEE AND POWER OF ATTORNEY  
UNDER 37 C.F.R. § 3.71**

Commissioner for Patents  
P.O. Box 1450  
Alexandria, VA 22313-1450

Sir:

**SciMed Life Systems, Inc.**, a **Minnesota** Corporation, the assignee of the entire right, title and interest in this patent application, under 37 C.F.R. § 3.71 hereby appoints all attorneys associated with:

**Customer Number 23639**

with full powers of substitution and revocation, to prosecute this application and transact all matters in the United States Patent and Trademark Office, and in countries other than the United States, and to do all things necessary or appropriate therefore before any competent International Authorities in connection with any international patent application(s) corresponding to the above-identified application, said appointment to be to the exclusion of the inventors and their attorneys in accordance with the provisions of 37 C.F.R. § 3.71.

**Correspondence Address**

Please direct all written communications relative to this application to:

**David T. Burse**  
Bingham McCutchen LLP  
Three Embarcadero Center, Suite 1800  
San Francisco, CA 94111-4067

Please direct all telephone communications to David T. Burse at (650) 849-4400

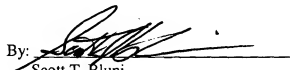
I, the undersigned, declare that I have reviewed copies of the documentary evidence establishing chain of title to the patent application identified above from the inventor(s) to the assignee(s), which:

- ☒ is filed for recordation herewith; or  
☐ was recorded at Reel \_\_\_\_, Frame \_\_\_\_; or  
☐ has been sent for recordation under separate cover, copy attached herewith.

To the best of the undersigned's knowledge and belief, title is in the assignee(s) identified above. Furthermore, the undersigned is empowered to sign this document on behalf of the assignee(s).

**SciMed Life Systems, Inc.**

Dated: September 12, 2003  
Name:

By:   
Scott T. Bluni  
Title: Assistant Secretary for  
SciMed Life Systems, Inc.  
Address: One SciMed Place,  
Maple Grove, Minnesota 55311-1566